e-Mentorship: Navigation strategy for promoting oncology nurse engagement in research

by Denise Bryant-Lukosius

The research process is like a long and winding road involving a series of enroute stops or destinations. Stops along the road can extend from identifying gaps in knowledge about oncology nursing practices, to implementing a research study, or promoting the uptake of study results into practice. Often, detours in the road map or research plan are required to enhance the methods and address unexpected problems. The ultimate destination or aim for proceeding down the road to research is to generate and apply evidence-based knowledge to improve nursing care.

The importance of nurses’ involvement in the research process as essential to high-quality cancer care is embedded in the Canadian Association of Nurses in Oncology (CANO) standards of practice and competencies for generalist, specialized and advanced nurses (CANO, 2001 & 2006). Yet, participation in research and evidence-based practice is consistently reported by nurses as the most underdeveloped aspects of their roles (Bryant-Lukosius et al., 2007a; Estabrooks, Midodzi, Cummings & Wallin, 2007; Melnyk, Fineout-Overholt, Gallagher-Ford & Kaplan, 2012). Multiple barriers limit nurses’ involvement in research, including inadequate knowledge and skills and difficulty accessing appropriate mentors.

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WHAT IS E-MENTORSHIP?

Research mentorship is relevant to all nurses at different stages of their career (e.g., undergraduate and graduate students, junior and senior faculty) and in varied clinical, leadership or academic roles (Byrne & Keefe, 2002). Traditional mentorship involves face-to-face interactions between a highly skilled and experienced individual (mentor) and a less skilled and experienced individual (mentee) (Donner & Wheeler, 2007). Electronic or “e”-mentorship is akin to a global positioning system (GPS) to help nurses navigate the road and increase their involvement in research. Like GPS, e-mentorship uses technology such as email, online discussion, and video- and tele-conference to link mentees and mentors at any time and in any location worldwide. Through these linkages and the mentorship relationship, mentees receive guidance and support and acquire knowledge, skills, and confidence to engage in research.

I’ve had the privilege of leading, along with many colleagues, three initiatives utilizing e-mentorship. The first initiative was the Ontario Oncology Nursing e-Mentorship Program (ONEMP). Between 2007 and 2013, ONEMP provided e-mentorship to support nursing role development in practice, leadership, education or research. In 2014, a second initiative involved an onsite course to enhance advanced practice nurse (APN) involvement in research in an Ontario hospital. A third initiative in 2015 offered this course in a distance format for oncology APNs in Alberta. In the two latter initiatives, e-mentorship was provided by faculty from the Canadian Centre for Advanced Practice Nursing Research (CCAPNR) located in six universities in Ontario, Quebec and Nova Scotia.

THE BENEFITS OF E-MENTORSHIP

These initiatives demonstrate the benefit of e-mentorship for increasing access to research mentors within and across provinces in a geographically large country like Canada. In ONEMP, the majority (69%) of 108 matched pairs involved distance relationships where mentors and mentees lived more than 150 kilometres apart (Bryant-Lukosius et al., 2013). Demand for research mentorship was high, especially for the initial cohort of 84 APN mentees, where 43% identified research as a need area. To meet this need, we recruited 133 interprofessional mentors from across Canada, of which 25% lived outside of Ontario, and 28% were willing to provide research mentorship (Bryant-Lukosius et al., 2007b). In the 2014 and 2015 APN initiatives in Ontario and Alberta, e-mentorship provided by CCAPNR faculty from several provinces was necessary to address the lack of readily identifiable or experienced local research mentors.

An e-based approach is an acceptable and effective mode for mentoring nurses. In surveys to develop and evaluate ONEMP, nurses reported a willingness to participate in e-mentorship and mentees and mentors reported high satisfaction with the program (Bryant-Lukosius, 2013). Across the three initiatives, gains in mentee research capacity were achieved in short periods of time. At two months and one year, ONEMP mentees reported improved skills and involvement in research and evidence-based practice. Within five months, all participants in the Ontario and Alberta APN initiatives had produced a well-developed research proposal, and at one year, eight out of 10 participants in the Ontario group were implementing these proposals. Compared to baseline,
post-course assessments demonstrated significant improvements in APN perceptions of their knowledge, skills and confidence to engage in research and evidence-based practice activities. Similar improvements in nursing research capacity and evidence-based practice have been reported in other evaluations of e-mentorship (Faiman, Miceli, Richards, & Tariman, 2012; Miller, Devaney, Kelly & Kuehn, 2008).

In post-course evaluations, APNs identified access to a mentor as key for navigating and enabling their involvement in research. Mentors helped APNs to navigate the road to research by providing guidance to hone research questions and draft a feasible study proposal to implement, enhancing their understanding of research concepts, problem solving methodological issues, connecting them to other experts and resources, and providing encouragement. The APNs described feeling invigorated, revitalized and encouraged. The APNs described experts and resources, and providing issues, connecting them to other concepts, problem solving methodological issues, connecting them to other experts and resources, and providing encouragement. The APNs described feeling invigorated, revitalized and encouraged. The APNs described experts and resources, and providing issues, connecting them to other experts and resources.

HOW DID E-MENTORSHIP TAKE PLACE?

In all three initiatives, e-mentorship mostly involved simple and relatively inexpensive email, Skype and telephone interactions. Participants also identified the need for occasional face-to-face interactions to strengthen the mentorship relationship and achieve mentorship goals. In ONEMP, some mentees and mentors met at conferences, travelled to a mutually agreeable location or visited their respective workplaces for intensive mentorship activities.

Effective e-mentorship requires a good match between a mentor and mentee who are prepared for these roles. The formal initiatives described above facilitated the mentor-mentee match. In ONEMP, mentees and mentors completed a detailed application form to establish an ideal match based on expertise, personal interests, learning styles and mentorship goals. In the other initiatives, interviews with APNs were used to assess their research goals and interests and match them with a CCAPNR faculty mentor. In ONEMP, few nurses had previous experience with formal mentorship. Workshops, a workbook and related tools were developed to prepare mentees and mentors for mentorship.

To embark on a successful mentorship relationship, I encourage nurses to access these resources on the de Souza website at http://www.desouzainstitute.com/about-mentorship.

IN SUMMARY

There is a high need for research mentorship among Canadian oncology nurses. E-mentorship is an effective vehicle for linking oncology nurses with experienced researchers across the country who can help them navigate the road and increase their engagement in research. E-mentorship also has the potential to build research capacity more broadly by strengthening national networks and connections among researchers, cancer care organizations and oncology nurses at the point of care. Innovative strategies are needed to more easily identify and recruit researchers who are committed to advancing oncology nursing practice through effective mentorship.

REFERENCES


